

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Kori Taylor	COURT CASE NUMBER 07C6934
DEFENDANT Patrick Firman, et al.	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Patrick Firman, Deputy of Corrections	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Lake County Sheriff Correctional Division, 20 S. County Street, Waukegan, IL 60079	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Hector Kori Taylor, L-115254
 Lake-LCJ
 P.O. Box 38
 Waukegan, IL 60086

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED
 Mar 24, 2008
 MAR 24 2008

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

01-15-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 01-15-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Sgt. Kallas

ATA

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 3/18/08	Time 3:30 am
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Signature of U.S. Marshal or Deputy

P.M.

Service Fee 96.00	Total Mileage Charges (including endeavors) 40.74	Forwarding Fee 0	Total Charges 100.74	Advance Deposits 0	Amount owed to U.S. Marshal or 100.74	Amount of Refund 0
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REMARKS:

1st Endeavor: 1 DOSM x 2 hours @ 84 miles round trip. 8P

82 miles RT
 2 1/2 hrs.